

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: COMFORTS OF HOME-ST CROIX FALLS I (0010062)

Address: 343 MCKENNEY STREET, ST CROIX FALLS, WI 54024

License Status: REGULAR

Licensed/Certified/Registered 12/01/2003

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0096315 **End Date:** 01/06/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009766 Served 02/06/2006

Deficiencies Cited

Subject Area

Compliance
Verified

Corrected

83.13(5)(b)

POLICY AND TRAINING INFECTION CONTROL

83.16(4)(a)

ABILITY TO PAY

83.32(2)(c)2

ANNUAL EVALUATION UPDATED

83.33(3)(c)3

PROOF-OF-USE RECORD AUDITED DAILY

Survey ID: 0091767 **End Date:** 12/11/2003 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: LICENSE/CERT/REGISTRATION ISSUED

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